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ABSTRACT

This paper discusses the role of social workers in uncovering the learning problems that contribute to the inappropriate school behavior of students classified as severely emotionally impaired. Case studies are used to illustrate students' weakened self esteem, the marked discrepancy between verbal and performance scores, the presence of factors suggesting possible organic or neurological differences, and frequent school practices that ignore the learning domain of students referred for behavior or emotional problems. Successful intervention is seen to include low student-teacher ratios, emphasis on instruction according to students' learning modalities, expectations of positive behavior, discussion with stress on verbal reasoning and problem solving, and social skill building. Reintegration is accomplished gradually. (CL)

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"PLANNING AND INTERVENTION FOR THE UNIQUE LEARNER . . . PUTTING THE PIECES BACK TOGETHER"

Nadine E. Reyher

One of the greatest strengths of the social work profession and one that has always set it apart from the other helping professions has been it's philosophy tc take into account the total person prior to developing a plan for intervention. Social workers have historically considered the physical, historical, emotional and spiritual aspects of an individual's functioning. Should one or more of these aspects be seperated from the others, diagnosis and treatment plans become similar to the parable of the blind men and the elephant, that is, accurate descriptions of the part but completely inaccurate as to the whole.

Differential diagnosis becomes increasingly more difficult and complicated as we continue to research the whys and hows of human behavior. The ways in which we thought about and/or dealt with presenting symptoms 5 or 10 years ago are no longer relevant in many instances as new evidence is uncovered which forces us to discard old beliefs. These are exciting times but, in the same breath, also very complicated times.

Some years ago we were seperating school age youth into several catagories. There were those who did well, those who did average, and those who did poorly. Among those at the left end of the curve who did poorly, there were those who were retarded and those who had behavior problems. A service delivery plan was in effect for both catagories. Those students who were retarded were placed in special classes and taught survival skills and ways to function in a sheltered type of lifestyle. Those students who presented behavior problems were candidates for referral to the school social worker and efforts were made to incorporate the school, parents and child into an effective plan for behavior change. And, all too often, no matter how

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hard we tried, an effective program for success was never accomplished. Some element seemed to be mysteriously absent.

Then, in the late sixties and early seventies, the term "learning disabilities" appeared on the scene. A new catagory of students emerged for whom a prescriptive plan for successful learning could be formulated. Many of these students had, heretofore, been identified as behavior problems. Now we began to realize that many of these had been responding with anger and frustration to a subtle yet specific deficit in the normal cognitive processes. The "learning disabled" youngster became a new catagory in need of services.

It is the purpose of this paper to suggest that the differences in learning styles are infinitely more subtle than we initially thought when the concept of learning disability was first introduced. The data which will be reviewed was collected from the school histories of 141 students, ages 5 through 26, who were attending a self-contained day school program for the severely emotionally impaired which is operated by the Macomb County Intermediate School District in Macomb County, Michigan.

Consider for a moment the following list of referral characteristics: a lag in one or more of the developmental milestones; persistent letter reversal; aimless movement; distractability and hyperactivity; problems with coordination; perceptual problems not related to acuity; poor retention; difficulty forming concepts and abstractions; impulsivity; and, disruption of speech. Given one or more of these characteristics, one might consider the possibility of a learning disability and rightly so. All of these symptoms are considered signs of a learning disturbance.

Now consider this second list of referral characteristics: fearfulness; regression to more infantile behavior; withdrawal; neurotic formations; impulsivity; anger, either aggressive or internalized; problems relating with parents and peers; problems dealing with sexuality and drugs; and, predelinquent or delinquent behavior. Looking a little further, we might find that characteristic descriptors of the parents include denial, overprotection, anger, inappropriate guilt, blame, martyristic

behavior, withdrawal, and agency shopping. All of these would appear to be symptoms of an emotional and/or behavior problem. Many experts in the field however, list these as the secondary signs of minimal brain dysfunction. While indeed the descriptors listed carry the weight of emotionally laden problems, they cannot be completely resigned to the results of family problems, environmental influences, and personality defects. Another aspect must be considered. That aspect is the very real possibility that the child being described by one or more of the above perceives information and processes it in a distinctly different way. While this is not always the case, the differences are so subtle that it is possibly more often the case than we once believed.

During the 1984 and 1985 school years, the school histories of 141 students were systematically reviewed. All of these students were attending a self-contained school program under the special education catagory of emotionally impaired. They came to this program once the efforts of their respective local districts were unsuccessful in remediating their behavior problems through their own resources. The program itself was actually housed in two seperate buildings: the Maple Lane School for elementary age students and the Neil Reid School for secondary age students. All of these students possessed one characteristic in common: their behavior presented such serious problems that they were considered severely emotionally impaired. But the similarities both begin and end here.

I first began working with the Macomb Intermediate School District in the Fall of 1981, the second school social worker on staff with the secondary age program for severely emotionally impaired students. Since that time I have also had the opportunity to be assigned to the Maple Lane School and the elementary age students. Prior to 1981 I had worked as a school social worker in 5 local public school programs during a 9 year period. During those 9 years I struggled with the fact that certain students, no matter how likeable and well intentioned they might be in a therapeutic mileau, went back to their respective classrooms and were unable to cope or survive. This was

not always the case of course, but it occurred far too regularly.

Between the years of 1978 and 1981 I was involved in the development and implementation of a program for alternative education for secondary age students in the St. Joseph Public Schools, St. Joseph, Michigan. The teaching styles which made this program unique and frequently successful with potential drop-outs were radically different from the traditional teaching modes. These differences included closer relationships between staff and students, more "hands-on" types of learning activities, and far more discussion and building on verbal reasoning and problem solving. The success of this program and hundreds like it across the nation pose the possibility that perhaps these students, previously destined to failure, suffer from something infinitely more subtle than the emotionally laden, impulse ridden personalities which they present.

And so the students continue to come. This time it was 1981 and they were coming to the Macomb Intermediate programs. As each began to take on the characteristics of his or her own personhood, it frequently became clear that learning through traditional teaching modes was a frustrating, antagonizing chore. Frequently, this "chore" was to be avoided at all costs. These avoidance techniques might mean that one student became the class clown, another was constantly in fights, another rarely attended school, while still another refused to do his work and became belligerent with teachers.

I remember Bob. Bob was about $15\frac{1}{2}$ when we first met. By that time Bob had attempted suicide a number of times, committed numerous acts of aggression upon family members, and had been in and out of psychiatric hospitals. He came from a single parent family, third in a line of four boys. His family could be characterized by violence, aggressive acts, and substance abuse. But, in spite of family problems, Bob should have been able to be successful in school. Bob had an IQ of 108. We've all known kids who come from homes which are a disaster who manage to gain confidence and self esteem from successful school experiences. This was not to be the case with Bob however.

Bob could not read. He was not thought to be dyslexic and everyone thought he should be able to read, most of all Bob. However, to this day, Bob cannot identify his brother's name when he sees it printed on a piece of paper. Needless to say, school was not a positive experience and only succeeded in detracting further from Bob's already weak self-esteem. He saw himself as a failure and hopeless in every catagory. His aggressive acts upon family members were met with guilt and remorse and, ultimately, he turned these acts inward. Bob felt he had no options. The concepts of choices and problem solving were foreign to him.

A closer look at Bob's cognitive potential reveals that, while he appears to possess average ability, his verbal IQ is 86, placing him in the low average to borderline range of ability. Bob suffers from a severe language deficit. He will likely never be able to read or, at best, reading will be laborious. He is a strong auditory learner and both understands and retains information which he receives through auditory channels. Furthermore, he excells at performance related tasks and found that he had both an interest and a talent for drafting.

As Bob found that he wasn't dumb after all, he began to see himself in a new light. He no longer had to be a failure. He could learn and his world was not as hopeless as it had once been. Once the hopelessness began to dissipate, the gentle, sensitive side of Bob began to evidence itself. It he could learn and be successful in academic avenues, then perhaps he could also develop options to deal with interpersonal relationships. Bob still has a long way to go in this area, as we all do. To date however, there have been no known suicide attempts for the past 2 years. The desire to die is no longer expressed verbally. He is approaching high school graduation and plans include the continuation of studies in graphic design. And the beginnings came from a change in his educational environment and a change in teaching styles. Indeed, Bob had and still has emotional problems. He also had and still has specific and serious deficits in learning areas. A change in one brought about significant

changes in the other.

I remember Sam. Sam was described as lazy and volatile. He was belligerent with school personnel and interracted little with peers. While Sam appeared to have ability in the low average range, he produced less and less as the years progressed in school. Should a teacher confront him about his lack of productivity, he would respond with open hostility.

Sam's learning deficits were multiple. His learning strengths center in the kinesthetic and auditory modes. While he could read at about a third grade level in context, hi sight vocabulary was far more limited. Furthermore, the task of contextual reading was so great in itself that comprehension was practically null. Another deficit, this in the area of reasoning ability, backed Sam into a corner. The world became a threatening place and his only option was to fight back. Sam definitely had emotional problems. He also had learning problems.

Once Sam learned that he could understand a chapter in geography if it was read to him, he began to go out of his way to answer the questions at the end of the chapter. The questions however could not be answered in typical written fashion but had to be answered orally. Sam began to believe that adults could be helpful and his world became a little less threatening. He slowly began to request time to talk through problems he was facing and gradually added options to his problem solving skills. Because of the deficit in reasoning however, the resolution to a specific problem did not regularly generalize to other situations. Each new problem had to be resolved individually even though many appeared similar in content. Sam still has a long way to go. However, a change in the educational environment and in teaching styles also evidenced significant change in the emotional domain.

We remember them all. However, we have learned too much and have come too far to allow us to compartmentalize presenting behavior problems as strictly emotional without looking further. A review of the records and school histories of 141 students

who were identified as severely emotionally impaired revealed that the largest percentage of these also had significant learning deficits, many of which are difficult to detect.

Forty of the students, or 28%, had been receiving special education services as learning disabled prior to the time when their behavior became the primary problem and their catagories were changed to emotionally impaired. One can only hypothesize as to why these students developed critical behavior problems when they were already receiving special assistence for their learning deficits. One possibility is that, while academics were more slowly paced, the teaching style did not change to specifically teach to the learning strength. To give a child 2 questions to read and request a written answer is just as frustrating as a list of 10 if that student has deficits in comprehension or a handwriting disorder or both. Parents frequently do not understand why their seemingly normal child does poorly in school and pressure that child to stop being lazy. The child himself makes comparisons between himself and his peers and regularly sees himself as a failure. This hypothetical list can go on and on and is probably as varied as the students themselves. The reality of the matter however is that these students, even though they were receiving support services for identified learning deficits, did not understand what was happening to them, were frustrated over and over again, and their personal self-esteem was significantly weakened.

A second factor which was identified among a large percentage of these students was the discrepancy between verbal and performance scores. Fifty-four students had a discrepancy between verbal and performance scores which was greater than 15 points. Forty-one of these students had their weakest scores in the verbal skill areas. Prevalent educational styles teach to the verbal modes, the way the majority of us learn best. Such is not the case for these students. They frequently have difficulty in selectively attending to what information is important. They pay attention to the wrong information and do not develop strategies for problem solving. They frequently react impulsively but, just as frequently, their reaction is to the wrong information and is seen or

judged to be inappropriate. Impulse control is often limited. The resolution to one problem does not generalize itself to becoming a possible solution when a similar problem arises.

Several factors supporting or substantiating the possibility of organic or neurological differences were explored. These factors included findings on the Bender, evidence of numerous allergies, the results of a neurological evaluation, and whether or not medication had been tried and whether or not such medication had been successful. An additional point should be made with regard to the use or non-use of medication. It was frequently noted that medication had been recommended in several case histories but that parental opposition for a wide variety of reasons had either prohibited its trial or interrupted its use before evaluation of its possible effectiveness could be tested. Seventy-one students evidenced one or more indicators of possible organic differences.

Finally, standardized scores in specific learning areas were compared to revised full scale scores usually available from the results on the WISC. A difference of 12 points or more between a revised full scale score and a standard score is considered statistically significant. Unfortunately, standardized scores were available in only a small percentage of the total cases reviewed. It would appear that when a student has been referred for evaluation because of identified/observed behavior or emotional problems, exploration of the learning domain is often ignored. Nevertheless, in those cases where standardized scores were available and could be used to compare with expected or anticipated achievement, the results/evidence of specific learning deficits was overwhelming. Standardized scores were available for 27 students who had not been previously diagnosed as learning disabled. Out of these 27, 23 of them showed evidence of one or more significant learning deficits.

It is not the purpose of this paper to explore the question of which came first, the emotional problem or the learning problem. The fact is that they often exist in parallel to one another and the behavior and emotional problems cannot be dealt with

to the exclusion of the learning deficit.

Students entering the programs at Maple Lane and Neil Reid frequently show dramatic behavioral changes within a relatively short period of time. The reasons for such change are many. To beg with, the learning environment is found to be very different from any most have experienced in the past. The staff to pupil ratio is 3 to 10. Professional staff then has more time available to deal with each student individually to assess learning strengths and weaknesses and to teach to the particular learning modalities. Such assessment is ongoing and involves a team including the teacher, the school social worker, the psychologist, the occupational therapist, and frequently a psychiatrist, a learning disabilities specialist, and/or a neurologist.

Expectations of positive behavior is the expected norm and, as such, these behaviors are regularly reinforced by a variety of means including verbal praise and the earning of points and priveleges. In so doing, students are given opportunity to feel good about themselves with even the smallest gains. Success experiences foster additional success experiences. Curriculum, instruction and social interraction are designed in such a way that each student has an excellent chance of being successful each day.

The roots and causes of negative behaviors are explored when they occur and time is spent talking with the student(s) about the incidents which preceeded the event along with a discussion and verbalization of alternative options which the student(s) might have chosen. The beginnings for the development of appropriate problem solving skills are initiated and reviewed regularly. At times this continual review begins to sound redundant to the normal ear but let it be remembered that these students are often weak in their reasoning ability.

Social skill building is also a focus. Students are taught alternatives to dealing with anger and learn to express their feelings rather than turning them inward only to explode at inappropriate moments. Social activities are a regular part of the curriculum and include bowling, swimming, field trips, cooperative group learning and group problem

solving.

Some students are already involved in a program involving the use of medication for hyperactivity or attention deficit. Others may be evaluated as to the potential for the possible use of medication. Certainly not all students are medicated nor should they be. However, the use of medication to date is still the most single effective strategy for effecting positive change and improvement in cognitive functioning, achievement, and behavior.

While students often respond positively and dramatically to this controlled environment, it is not the goal to keep them isolated or protected throughout the lifetime of their educational careers. The provision of a protected and controlled environment wherein they can achieve success, often for the first time in school, is only the beginning. As they begin to feel better about themselves and their self-esteem grows, they must come to learn that they need not be controlled by external factors. The world no longer appears as threatening as it once was and they can begin to learn to internalize ways to maintain control of their own outcomes. They can be in charge of effecting positive change. The student must understand his own learning strengths and weaknesses and how to compensate for those weaknesses upon returning to a less restricted environment. Problems must be recognized as challenges for which there are numerous options for resolution with or without help, rather than insurmountable barriers. Mistakes are learning experiences and can be accepted as such rather than one more indicator of worthlessness.

Whenever possible, parents too need to be included in their child's program. They need an avenue for expressing their own anger and frustration. All too often this anger has been directed towards their child because they, like their child, did not understand. Consider the natural reaction of a parent receiving a letter from their child's teacher such as this one.

> Dear Parent,
>
> All Jonathon's work suffers because of his immature behavior. He dawdles over his work and then hurries through. As a result, he turns in sloppy, hard to read papers. He takes directions negatively. He does

what he wants when he wants. He laughs, causing others to be disturbed. He tries to get his friends involved with his childish behaviors. He balks at doing work he feels is unimportant or unpleasant. He needs to grow up and realize that he is no longer a baby who can have his own way.

Mrs. Teacher

This is a letter copied verbatum from the files of a third grader prior to his coming to Maple Lane School. Jonathon's mother had all but given up on him.

In Jonathon's case, a review of his records identified 3 indicators of probable organic complications: the Bender, a neurological evaluation, and the successful testing of the use of medication just prior to his entry to Maple Lane. Teachers' comments beginning in kindergarten referred to Jonathon's distractability and learning lags. His early school history is riddled with messages that he is a bad kid, yet no one seemed to look behind the behaviors to evaluate their real meaning.

Jonathon has been attending Maple Lane for about 3 months now. He rarely ends a school day without earning a "Good News" note to take home with him. A "Good News" note means that he has not lost a point throughout the day for inappropriate behavior, refusal to do work, or any of the other descripting behaviors he had previously been labeled with; certainly a radical change from the boy described in the letter!

Unfortunately, Jonathon's case is not an isolated example. Such examples abound throughout the school histories of many of the 141 students whose histories were reviewed. Parents then need to understand the scope of their child's problems and to learn how to stop reinforcing them. Information needs to be conveyed to them about the nature of their child's anxiety, his possible lack of inner controls and his need for limits. Parents can be an integral part of the team in helping the child learn to internalize coping skills and, when and if the child returns to the larger system, they can be a powerful advocate and alley to the child.

Once a child is considered ready, reintegration into the larger system begins slowly. Classes and classrooms are sought which are most likely to teach to the child's strengths. Often, the student will begin his return for an hour or two per day. This

time is only increased when it is clear that the student has indeed internalized some of the coping skills he has learned and it is certain that he or she is able to seek out and establish his or her own support system in the larger environment.

SUMMARY

Not all students who enter the severely emotionally impaired programs at Maple Lane and Neil Reid demonstrate significant learning deficits. However, from the data collected, it appears that a large percentage of the students present learning differences which are often so subtle as to go unnoticed in the larger system. To intervene on the emotional level without considering learning variables does a disservice to the student. Predictors of success once that student returns to a less protected environment, albeit the referring behavioral problems are no longer in evidence, are less than hopeful.

Given the amount of new research and information we are accumulating about brain function and the learning processes, the school social worker is enabled to play a pivotal role in the clarification of the problems contributing to the inappropriate behavior of the school age youngster. In this sense, the social worker takes on the role of being the clinical observer. The second role is one of task analyzer, that of defining the various interventions necessary. Once this is complete, the social worker can take on the role of programmer to provide consultation with the student, parents and school personnel who will be involved in the implementation of the prescribed program. Finally, the school social worker will assume the role of advocate to assure that appropriate programming does indeed occur.

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